



PATIENT PRESENTING CLINICAL SIGNS

Broadway Sandvig

History: 3 weeks ago, pet came in for coughing and was treated with Clavamox for infectious bronchitis. Starting 2 weeks ago, came in for black stool. stool progressed to liquid diarrhea. She is eating but appetite is decreased, eating about 1/2 cup kibble with boiled chicken and boiled beef topper at a time. Vomited once today. Pet is currently on Provable. Coughing has improved, now only noted with exercise.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Rads of thorax/abdomen from 9/10: Findings 6 images Thorax and Abdomen dated 9/10/22 The cardiac silhouette is within normal limits. The pulmonary vasculature tapers appropriately. Partial mineralization of the tracheal rings and proximal bronchial tree highlights these structures. The pulmonary parenchyma is characterized by mild bronchial pattern as well as an increase in interstitial opacity. The mediastinum and pleural space are within normal limits. There is good serosal detail. On the right lateral image of the thorax, there is an irregularly margined anomalous opacity overlying the gastric lumen. This opacity is not corroborated on any of the other images. The stomach otherwise contains a moderate volume of gas. Gastric malpositioning is not evident. The small intestine contains primarily fluid and gas. Small intestinal over distention is not seen. There is gas and some granular material within the colon. The liver size is appropriate. The spleen is sharply bordered. The urinary system is within normal limits. Conclusion The pulmonary changes are mild and nonspecific. Given the history, these may be associated with resolving lower airway disease. Possible gastric foreign material. Superimposition of intestinal content is also possible. No evidence small intestinal obstruction. CBC/Chemistry panel: no significant findings

BREED

Shepherd Mix

SEX

Spayed Female

AGE

6 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

79 lbs

Urinary System

The **urinary bladder** and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

INTERPRETED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)

The **left kidney** is normal size (7.15 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (7.40 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Dr. Sheldon

Adrenal Glands

The **left adrenal gland** is normal size (0.42 cm at cranial pole) (0.44 cm at caudal pole) (2.69 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Advanced PetCare
of Oakland

The **left right gland** is normal size (0.88 cm at cranial pole) (0.60 cm at caudal pole) (2.27 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Sheldon

Spleen

The **spleen** is normal in size (2.36 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

INVOICE

11688

DATE

9.22.22

Liver

The **liver** is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The **gastric lumen** is mildly distended with ingesta and small, shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the **pancreas** is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. It appears nonobstructive at this time.
- *An obvious cause for the patient's clinical signs is not identified in this study. Considerations include microscopic gastrointestinal disease (i.e., dietary indiscretion, infectious/parasitic disease, inflammatory bowel disease), underlying metabolic issue (i.e., hypoadrenocorticism), other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A fecal evaluation for ova and Giardia is recommended.
- Consider prophylactic deworming with Fenbendazole.
- A resting cortisol level is recommended to screen for hypoadrenocorticism.
- Consider a malabsorption panel including serum cobalamin and folate, TLI and PLI.
- Consider a recheck ultrasound in 24-48 hours to reassess gastric contents.
- Ultimately, an upper GI endoscopy with biopsies may be necessary to get a definitive diagnosis.
- In the meantime, empirical treatment for gastric ulceration is recommended, including a proton pump inhibitor and sucralfate, along with a bland diet.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com